'è			· · · · · · · · · · · · · · · · · · ·					BR	Pas
PATE	NT APPLIC	Effective (EE DETERM October 1, 2	MINATION RE	CORD	Apr	Dication	orDocke	et Number
			ED - PART		 	0	180	8//	8
TOTAL CLAIMS			(Column 1) (Column 2)		SI	ALL ENT	ITY	01	HER THAN
FOR ·					ŀг	RATE	FEE	T	ALL ENTITY
		. NUV	ABER FILED	NUMBER EXTRA			85.00	RA	
TOTAL CHARGEABLE CLAIMS		MS	minus 20=	*	7 1	 		OR BASIC	FEE 770.00
NDEPENDENT CLAIMS			minus 3 =	*	コ ド	(\$ 9=		OR . X\$1	8=
IULTIPLE DE	PENDENT CLA	IM PRESENT	r		- 1	(43=		OR X86	i=
If the differe	nce in column	4 1- 1	<u> </u>		J .	145=			
	THE THE COUNTY	is less tha	n zero, enter '	'0" in column 2	<u>L.</u>	OTAL		OR +290	
3-05	CLAIMS A	S AMEND	ED - PART	11		-	(OR TOTA	-
1	CLAIMS		(Column	(Column	3) SA	ALL ENT	ITY C	OTH IAMS R	ER THAN L ENTITY
1	REMAININ	i	HIGHES	R learner		AD	DI-	- Compa	
Total	AMENDME		PREVIOU PAID FO	SLY FXTRA	R/	TE TIO	NAL	RATE	ADDI- TIONAL
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Total	*	Minus	PAID FOR	-Y EXTRA	RAT	E TION		RATE	TIONAL
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PRST PRESE	NTATION OF M	ULTIPLE DE	DENDENT OF	=	X43		_		
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IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				X43=	 	OR	X\$18=		
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entry in column	n 1 is less than the	entry in colum	IN 2. write m is a	Aluma a	+145=	1	OR	+290=	
eentry in column 1 is less than the entry in column 2, write "0" in column 3: e "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADD "Highest Number Previously Paid For" (Total or Independent) is the highest number found 0475 (Rev. 10/03)							4 L		
· OHOGAL INLAMIN	I Previously Date		wince is less th	20.2	AUUII. FEE	<u></u>	.Un .,	DOT FEE	•